

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039544

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 233 Primary Registration District No. 4348 Registrar's No. 130

FILED OCT 31 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wellsville</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>108 S. Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u> c. CITY OR TOWN <u>Wellsville</u> d. STREET ADDRESS (If outside, give location) <u>108 S. Madison</u>	
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>I.</u> Last <u>Nute</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>23</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 20, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clay Co</u>	9. AGE (last birthday) <u>77</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>3</u> IF UNDER 24 HR Hours <u></u> Min. <u></u>
11a. FATHER'S NAME <u>William Nute</u>		11b. BIRTHPLACE (City and state or country) <u>Maitland, Mo</u>	
12a. MOTHER'S MAIDEN NAME <u>Alice Bartman</u>		12b. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		14. NAME OF HUSBAND OR WIFE <u>Laura D. Nute</u>	
15. SOCIAL SECURITY NO. <u></u>		16. INFORMANT Address <u>Mrs. Laura D. Nute, Wellsville Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized carcinoma</u> Less than <u>6 months</u> DUE TO (b) <u>Carcinoma of lung</u> <u>12 months or less</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u></u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>10-1-62</u> to <u>10-23-62</u> and last saw him alive on <u>10-22-62</u> . Death occurred at <u>7:00 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L. Byars</u> (Deceased or title)		22b. ADDRESS <u>M.D. Wellsville, Missouri</u>	
22c. DATE SIGNED <u>10/25/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 26, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wellsville</u>	23d. LOCATION (City, town, or county) (State) <u>Wellsville, Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Howard F. Myers, Wellsville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10/25/1962</u>	
		26. REGISTRAR'S SIGNATURE <u>Laura B Callaway</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard F. Myers

Licensed Embalmer No. 4484

P. O. Address Wellsville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.